**DECLARATION AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☐ Declaration  
Submitted  
with Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 21500

First Named Inventor Bryan, et al.

**COMPLETE IF KNOWN**

Application Number 10/573,330

Filing Date March 24, 2006

Group Art Unit 1648

Examiner Name Salimi

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTIMIZED EXPRESSION OF HPV 45 L1 IN YEAST

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/506,812	09/29/2003	21500PV

## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☒ Practitioners Associated with the Customer Number **000210**  
 OR  
☐ Registered practitioner(s) named below

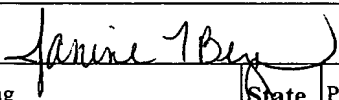
Name	Registration Number	Name	Registration Number
Alysia A. Finnegan	48,878	Joanne M. Giesser	32,838

Direct all correspondence to: ☒ Customer Number **000210**

<b>Name</b>	Alysia A. Finnegan				
<b>Address</b>	Merck & Co., Inc. - Patent Department				
<b>Address</b>	P.O. Box 2000, RY60-30				
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907
<b>Country</b>	USA	<b>Telephone</b>	(732)594-2583	<b>Fax</b>	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

<b>Given Name (first and middle [if any])</b>		<b>Family Name or Surname</b>			
Janine T.		Bryan			
<b>Inventor's Signature</b>				<b>Date</b>	16 Jan 2007
<b>Residence: City</b>	Furlong	<b>State</b>	PA	<b>Country</b>	US
<b>Citizenship</b>	US				
<b>Mailing Address</b>	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4				
<b>City</b>	West Point	<b>State</b>	PA	<b>ZIP</b>	19486
<b>Country</b>	U.S.A.				

☒ Additional inventors are being named on the 1 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A or 02LR attached hereto.

# DECLARATION AND POWER OF ATTORNEY

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Michelle K.				Brownlow			
Inventor's Signature	<i>Michelle K. Brownlow</i>			Date	16 Jan 2007		
Residence: City	Jamison	State	PA	Country	US	Citizenship	US
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Loren D.				Schultz			
Inventor's Signature	<i>Loren D. Schultz</i>			Date	16 Jan. 2007		
Residence: City	Harleysville	State	PA	Country	US	Citizenship	US
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kathrin U.				Jansen			
Inventor's Signature				Date			
Residence: City	Doylestown	State	PA	Country	US	Citizenship	DE
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
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Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
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 OR  
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
Alysia A. Finnegan	48,878	Joanne M. Giesser	32,838

Direct all correspondence to: ☒ Customer Number **000210**

Name	Alysia A. Finnegan				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-2583	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Janine T.	Bryan

Inventor's Signature	Date

Residence: City	Furlong	State	PA	Country	US	Citizenship	US
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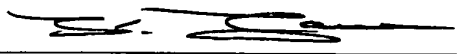
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4				
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City	West Point	State	PA	ZIP	19486	Country	U.S.A.
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Michelle K.				Brownlow			
Inventor's Signature						Date	
Residence: City		Jamison		State PA		Country US	
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4					
City		West Point		State PA		ZIP 19486	
Country		U.S.A.					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Loren D.				Schultz			
Inventor's Signature						Date	
Residence: City		Harleysville		State PA		Country US	
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4					
City		West Point		State PA		ZIP 19486	
Country		U.S.A.					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kathrin U.				Jansen			
Inventor's Signature						Date	
Residence: City		Allendale Doylestown Aug 01/12/07		State PA NJ Aug 01/12/07		Country US	
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4					
City		West Point		State PA		ZIP 19486	
Country		U.S.A.					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State		Country	
Mailing Address							
City				State		ZIP	
Country							